Public Safety Office of the State Fire Marshall

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 20210804 | A. BUILDING: 1A<br>B. WING _____ | C<br>02/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PINNACLE HEALTH & REHAB CANTON | 26 PLEASANT ST<br>CANTON, ME 04221 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | Initial Comments<br><br>On February 20, 2025, an onsite visit was conducted for the purpose of investigating a facility reported incident. Deficiencies relating to the investigation were identified at the time of the onsite visit. | R 000 | | |
| R 001 | Statement of Deficiencies<br><br>This Regulation is not met as evidenced by:<br>The facility was not in compliance with the following Life Safety Code Regulations:<br><br>A Life Safety Requirement:<br><br>Based on observation and interview and document review, the residential board and care facility failed to follow their smoking policy accordance with NFPA 101, Life Safety Code, 2018 edition, Section 33.7.4.1.<br><br>Finding:<br>On 02.20.2025, between 09:30 AM and 11:00 AM, a surveyor with the Residential Care Director observed the following:<br><br>1. Reviewing the smoking policy staff at the facility should have performed an evaluation of the resident per the policy they provided. The Residential Care Director stated that the resident was not going to be smoking, and they did not have signed smoking contract in place. She further stated on intake the resident's cigarettes were taken away. They felt the resident was unsafe to have smoking materials. The Resident Care Director stated the staff did not see any lighter when they took the cigarettes away. No evaluation of the resident was performed to deem the resident unsafe to smoke. | R 001 | | |

Department of Health and Human Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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|---|---|---|---|---|
| R 001 | Continued From page 1<br><br>This finding was verified by the Residential Care Director at the time of observations on 02.20.2025 between 09:30 AM and 11:00 AM.<br><br>B. Life Safety Requirement:<br><br>Based on observation and interview and document review, the residential board and care facility failed to follow their fire evacuation plan accordance with NFPA 101, Life Safety Code, 2018 edition, Section 33.7.1.3.<br><br>Finding:<br>On 02.20.2025, between 09:30 AM and 11:00 AM, a surveyor with the Residential Care Director observed the following:<br><br>1. Staff responded to the sound of an alarm which turned out to be a smoke detector in room 210 which was not connected to the fire alarm system (code does not require). Upon entering staff found the resident holding a trash can on fire. Staff then took the can and went outside with it. Staff then returned to "stomp out" some hot embers on the floor in the room. During interviews it was identified that no one activated a manual pull station for the fire alarm system. The facility's fire plan states fire alarm pull station should have been activated. Staff did call 911 to notify the local fire department.<br><br>This finding was verified by the Residential Care Director at the time of observations on 02.20.2025 between 09:30 AM and 11:00 AM. | R 001 | | |